

**OFFICE OF MAYOR JERRY SANDERS  
CITY OF SAN DIEGO**

**APPLICATION FORM  
BOARDS AND COMMISSIONS APPOINTMENT**

*(If you need more space to answer any of the questions, you may attach additional pages.)*

- ~ New Applicant
- ~ Reappointment

1. Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_  
                    First                                    Middle                                    Last

2. Please list all other names that you have used:  
\_\_\_\_\_

3. Residence Address: \_\_\_\_\_  
                                    Street                                    City                                    State    Zip

Voting Address: \_\_\_\_\_  
                                    Street                                    City                                    State    Zip

Please list all the phone, fax, and cell / pager numbers at which you can be reached.

Hm. Phone: (    ) \_\_\_\_\_ Hm. Fax: (    ) \_\_\_\_\_ Hm. Cell: (    ) \_\_\_\_\_

Hm. E-mail Address: \_\_\_\_\_

Wk Phone: (    ) \_\_\_\_\_ Wk. Fax: (    ) \_\_\_\_\_ Wk. Cell: (    ) \_\_\_\_\_

Wk. E-mail Address: \_\_\_\_\_

If you have resided at your current address less than 10 years, please list all previous residences during the last 10 years.

\_\_\_\_\_  
Street  City  State  Zip

\_\_\_\_\_  
Street  City  State  Zip

4. In which Council District and Neighborhood do you reside? \_\_\_\_\_

5. Are you a United States citizen?    Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are you a citizen of a country(ies) other than the United States?    Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list country(ies): \_\_\_\_\_

7. Social Security : \_\_\_\_\_ (optional)
8. Date of Birth: \_\_\_\_\_
9. Ethnicity: \_\_\_\_\_ (optional)
10. Sex: M F (optional)
11. Political party: \_\_\_\_\_ (optional)
12. Name of Spouse or Registered Domestic Partner: \_\_\_\_\_
13. Occupation and Employer of Spouse or Registered Domestic Partner: \_\_\_\_\_
14. Position Sought (*Name of Board or Commission*). Please list in order of preference.
  - A). \_\_\_\_\_
  - B). \_\_\_\_\_
  - C). \_\_\_\_\_
15. Employment History (*current to last 10 years*).

A. Employer	Type of Business		
Title/ Position	Duties		
Address			
( )			
Phone	From Date	To Date	
Website of Current Employer			

B. Employer	Type of Business		
Title/ Position	Duties		
Address			
( )			
Phone	From Date	To Date	

C. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Title/ Position \_\_\_\_\_ Duties \_\_\_\_\_

Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ From Date \_\_\_\_\_ To Date \_\_\_\_\_

D. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Title/ Position \_\_\_\_\_ Duties \_\_\_\_\_

Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ From Date \_\_\_\_\_ To Date \_\_\_\_\_

16. Educational History:
- | <u>High School / College / University / Other</u><br><i>(include full name)</i> | <u>City / State</u> | <u>Degree</u> | <u>Major</u> |
|---|---------------------|---------------|--------------|
| _____   | _____               | _____         | _____        |
| _____   | _____               | _____         | _____        |
| _____   | _____               | _____         | _____        |

17. Please list professional licenses and certificates that you have received and the dates that they were issued.
- A). \_\_\_\_\_ B). \_\_\_\_\_
- C). \_\_\_\_\_ D). \_\_\_\_\_

18. Please list honors and awards that you have received.
- A). \_\_\_\_\_ B). \_\_\_\_\_
- C). \_\_\_\_\_ D). \_\_\_\_\_

19. Please list all organizations and societies that you have been a member of during the last 10 years.

<u>Entity</u>	<u>Position</u>	<u>From / To</u>

20. Please list all volunteer work that you have performed over the last 10 years that is relevant to this position:

<u>Organization</u>	<u>City / State</u>	<u>Type of Work</u>

21. Many positions require the appointment of people with special background, experience, or expertise. Please mark the categories for which you qualify.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Attorney              |
| <input type="checkbox"/> Architecture           | <input type="checkbox"/> Construction Industry | <input type="checkbox"/> Arts                  |
| <input type="checkbox"/> Engineering (_____)    | <input type="checkbox"/> Environment Services  | <input type="checkbox"/> Finance or Investment |
| <input type="checkbox"/> Health Care (_____)    | <input type="checkbox"/> Higher Education      | <input type="checkbox"/> Insurance             |
| <input type="checkbox"/> International Affairs  | <input type="checkbox"/> Labor                 | <input type="checkbox"/> Law Enforcement       |
| <input type="checkbox"/> Small Business         | <input type="checkbox"/> Tourism               | <input type="checkbox"/> Military Service      |
| <input type="checkbox"/> Land Developer         | <input type="checkbox"/> Other _____           |  |

22. If you served in the military, were you honorably discharged? (Please give date.) Yes \_\_\_ No \_\_\_

If no, please explain: \_\_\_\_\_

23. YES NO Do you currently or have you ever served in any elected or appointed office or on any local, state, or federal government board, commission, or committee?

<u>Entity</u>	<u>Position</u>	<u>Dates</u>

24. YES NO To the best of your knowledge, do you have a spouse, registered domestic partner, or other relative who is currently an employee or appointee of the City of San Diego? If yes, please explain.

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25. YES NO To the best of your knowledge, have you ever been affiliated (*as a director, officer, partner, trustee, employee, owner, advisor, or consultant*) with any institution, organization, or business entity that might present a potential conflict of interest or the appearance of a conflict of interest with your requested appointment? If yes, please explain.

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26. YES NO To the best of your knowledge, do you have financial holdings in or receive income from any source or own real property or personal property that might present a potential conflict of interest or the appearance of a conflict of interest with your requested appointment? If yes, please explain.

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27. YES NO Have you ever been convicted of a violation of any federal, state, county, or municipal law, regulation, or ordinance (*including driving under the influence of alcohol or drugs, reckless driving, or hit and run accidents*)? If yes, please explain.

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28. YES NO To the best of your knowledge, are you currently under federal, state, or local investigation for possible violation of a criminal law or an ordinance? If yes, please explain.

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29. YES NO Has a tax lien or other collection procedure ever been instituted against you by federal, state, or local authorities? If yes, please explain.

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30. YES NO Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please explain.

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31. YES NO In the last 10 years, have you been a party to any civil litigation or administrative proceeding as either a plaintiff, defendant, petitioner, respondent? If yes, please explain.

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32. YES NO Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate, or issue? If yes, please explain.

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33. YES NO In your capacity as a private citizen, have you ever submitted oral or written testimony or opinions to any governmental authority or to the news media on any controversial issue? If yes, please explain.

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34. YES NO Have you ever authored and published any books or articles? If yes, please explain.

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35. YES NO Have you ever been associated with any person, group, or business venture that could be used, even unfairly, to discredit your character or qualifications for the requested appointment? If yes, please explain.

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36. YES NO Do you know anyone who might take any action to oppose your appointment? If yes, please explain.
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37. YES NO Is there anything in your background that, if made known to the general public through your appointment, would cause embarrassment to you and/or to the City? If yes, please explain.
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38. YES NO Are you able, with reasonable accommodation if needed, to perform the essential functions of the position for which you are applying?
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39. Please attach your resume, 3 letters of reference from business and/or personal associates, and any additional information that you believe relevant to the position for which you are applying.

**ADDITIONAL INFORMATION**

All my responses and attachments to this application are full, true, and correct to the best of my knowledge. The City may thoroughly investigate my background, including my educational record, employment history, personal references, and any military or criminal records and may make any other inquiries that are necessary in considering my application.

I understand that the City will retain the confidentiality of the information provided in connection with my application. In addition, absent my consent, this information will not be available under a public records act request. I may elect to withdraw from the appointment process at any time. Upon notification of my withdrawal, the City shall seal the record of my application but shall retain the information as confidential, not subject to a public records act request, for a period of at least 2 years.

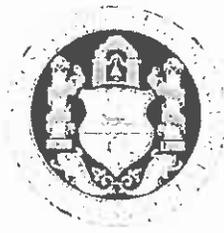
I understand that if I knowingly make false statements on this application or omit material information, I might be disqualified from consideration.

I authorize any business, institution, or organization to release any records sought by the City in connection with my application. I release the City, its officers, agents, and employees and all individuals, organizations, educational institutions, and employers from all liability in responding to or providing writings connected with my application.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Thank you for your interest in serving the City of San Diego.



## THE CITY OF SAN DIEGO

### CONFIDENTIAL FINANCIAL INQUIRY

**FINANCIAL INQUIRY WAIVER:** I request and authorize you to furnish the San Diego Police Department Background Investigations Unit a complete Credit Report and/or any credit information, and any and all information, including confidential or privileged communications, concerning present or past indebtedness. This information is to be used to assist in determining my fitness for the position I am seeking with the City of San Diego. I hereby release you, your employer or others including the San Diego Police Department from any liability or damage, which may result from furnishing the information requested.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant (Print) \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (JR./SR., ETC)

Alias or Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MONTH/DAY/YEAR

Social Security Number \_\_\_\_\_